

For help completing Form 1, please double-click the

RECEIVED  
FEC MAIL CENTER  
icon next to each line number.

2011 JUL 19 AM 8:34

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Committee to Elect Leah Lax

ADDRESS (number and street)

350 Market Street

☐

(Check if address  
is changed)

Highspire

Pa

17034

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address  
is changed)

leah@leahlax.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

www.leahlax.com

2. DATE 07<sup>th</sup> ' 14<sup>th</sup> ' 2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Marc Miller

Signature of Treasurer

*Marc Miller*

Date

07<sup>th</sup> ' 14<sup>th</sup> ' 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Leah (loretta) Lax (Miller)

Candidate  
Party Affiliation

DEM

Office  
Sought:☐

House

☐

Senate

☒

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

11030631987

Write or Type Committee Name

**Committee to Elect Leah Lax****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization ☐Affiliated Committee ☐Joint Fundraising Representative ☐

Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Leah Lax aka Loretta Lax Miller

Mailing Address

350 Market Street

Highspire

Pa

17034

Title or Position

CITY

STATE

ZIP CODE

President

Telephone number

717 - 782 - 1402

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Marc Miller

Mailing Address

350 Market Street

Highspire

Pa

17034

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

717 - 782 - 1403

Full Name of  
Designated  
Agent

James Seigfried

Mailing Address

415 Spring Lake Trail

Elliy

CITY

GA

STATE

30536

ZIP CODE

Title or Position

secretary

Telephone number

706

273

0821

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citizen Bank

Mailing Address

701 Market Street 198- 0077

Philadelphia

CITY

Pa

STATE

19106

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JmC*

PREPARER

(3/2005)

*7/18/11*

DATE PREPARED

11030631990